

**UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR



Prefix

SEC USE ONLY

Serial

UNIFO	ORM LIMITED OFFERING EX	(EMPTION	DATE RECEIVED
Name of Offering (□ check if this is an amendme Unit Offering (Preferred and Common Stock)	nt and name has changed, and indicate cha	nge.)	
Filing Under (Check box(es) that apply): 🗷 Rule Type of Filing:	e 504	Section (6) ULOE	
	A. BASIC IDENTIFICATION DATA		
1. Enter the information requested about the issu	uer		
Name of the Issuer (☐ check if this is Mental Engineering, Inc.	s an amendment and name has changed, ar	nd indicate change.)	
Address of Executive offices (Number and Street	t, City, State, Zip Code)	Telephone Number (Ir	ncluding Area Code)
1310 Papin Ave., Suite 104, St. Louis, Missouri 6	53103	(314) 588-1119	
Address of Principal Business Operations(Numb (if different from Executive Offices)	er and Street, City, State, Zip Code)	Telephone Number (Ir	ncluding Area Code)
Brief Description of Business Developer/Manufacturer of Recreational Sleds			PROCESSE
Type of Business Organization  ☑ corporation ☐ business trust	☐ limited partnership, already formed☐ limited partnership, to be formed	☐ other pleas	e specify   JUN 1 0 2003
Actual or Estimated Date of Incorporation or Organization:	Month Year 0 2	Actual 🗆 E	THOMSON FINANCIAL
Jurisdiction of Incorporation of Organization:	(Enter two letter U.S. Postal Service abbre State: MO CN for Canada; FN for other foreign jurisc		

### GENERAL INSTRUCTION:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.301 et seq. or 15 U.S.C. 77d (6).

When to file: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to file: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W. Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part É and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. SEC 1972 (2/99) 1 of 8

			A. BASIC IDENTI	FICATION DATA		
2. Enter the	e informa	tion requested for the	e following:			
•	Each pr	romoter of the issuer	, if the issuer has been org	anized within the past five	e years;	
•		eneficial owner havir es of the issuer;	ng the power to vote or disp	ose, or direct the vote or	disposition of, 10%	or more of a class of equity
•	Each ex	xecutive officer and o	director of corporate issuers	s and of corporate genera	ıl and managing pa	rtners of partnership issuers;
	Each g	eneral and managing	partner of partnership issu	iers.		
Check Box(es) tha	t Apply:	☑ Promoter	■ Beneficial Owner	Executive officer	☑ Director	General and/or Managing Partner
Full Name (Last na	me first,	if individual)				
Coleman, Stephen	M					
Business or Resid	ence Add	ress (Number and S	treet, City, State, Zip Code	)		
1310 Papin, Suite	104, St. L	ouis, Missouri 631	03			
Check Box(es) tha	t Apply:	☐ Promoter	Beneficial Owner	Executive officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last na	ame first,	if individual)				
Walker IV, Matt						
Business or Resid	ence Add	ress (Number and S	treet, City, State, Zip Code	)		
1310 Papin, Suite	104. St. L	ouis, Missouri 631	03			
Check Box(es) tha		☐ Promoter	Beneficial Owner	☐ Executive officer	☑ Director	General and/or Managing Partner
Full Name (Last na	ame first,	if individual)				
Gross, Melvin A.						
Business or Resid	ence Add	ress (Number and S	treet, City, State, Zip Code	)		
1026 South Powel	Road, Ir	ndependence, Misso	uri <u>64056</u>			
Check Box(es) that A	pply:	☐ Promoter	☐ Beneficial Owner	Executive officer	Director	General and/or Managing Partner
Full Name (Last na	ame first,	if individual)				
Williams, Joseph L	··					
Business or Resid	ence Add	ress (Number and S	treet, City, State, Zip Code	)		
1310 Papin, Suite	104, St. L	ouis, Missouri 631	03			·· <del>····</del> ········
Check Box(es) that A	фрlу: 	☐ Promoter	☐ Beneficial Owner	☐ Executive officer	☐ Director	General and/or Managing Partner
Full Name (Last na	ame first,	if individual)				
Business or Resid	ence Add	ress (Number and S	treet, City, State, Zip Code	)		
313		220 (. 1566 666 6	114 Only Ciaro, Esp Oode	,		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					B. INFO	ORMATIO	N ABOUT	OFFERIN	IG					
1.	Has the iss	uer sold, o	or does the	issuer int						ng?		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes 🗷	No
				Answ	er also in <i>i</i>	Appendix,	Column 2,	if filing un	der ULOE					
2.	What is the	minimum	investmer	nt that will	be accept	ed from an	y individu:	al?					\$	50.00
3.	Does the o	fferina per	mit ioint ov	vnership o	ıf a single i	unit?							Yes	No
4.													_	
7.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state of states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												he	
Full Nan	ne (Last nam	e first, if in	dividual)								-			
	PLICABLE													
Busines	s or Residen	ce Addres:	s (Number	and Stree	t, City, Sta	ate, Zip Co	xde)							
Name o	f Associated	Broker or I	Dealer							<u> </u>				
States in	n Which Pers	on Listed I	Has Solicit	ed or Inter	nds to Soli	cit Purcha	sers							
(Check	"All States" o	r check ind	dividual Sta	ites)	••••••••			•••••				•••••	□ All S	States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]		
[MT]	(NE)	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	į̇́okj̇́	[OR]	[PA]		
[RI] Full Nar	[SC] ne (Last nam	[SD] e first, if in	[TN] dividual)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
			,											
Busines	s or Residen	ce Addres	s (Number	and Stree	et, City, Sta	ate, Zip Co	ode)						,	
Name o	f Associated	Broker or	Dealer				<del>.</del>	<del></del>						
States i	n Which Pers	on Listed	Has Solicit	ed or Inter	nds to Soli	cit Purcha	sers	<del></del>	<u> </u>		<del></del> _		••••	<del></del>
(Check	"Ali States" o	r check ind	dividual Sta	ates)							••••••		□ All S	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[Hi]	[ID]		
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	[SC] ne (Last nam	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]		
	iie (Lastillaiii		idividuai)											
Busines	s or Residen	ce Addres	s (Number	and Stree	et, City, Sta	ate, Zip Co	ode)					_		
Name o	f Associated	Broker or	Dealer											_
States i	n Which Pers	on Listed	Has Solicit	ed or Inte	nds to Soli	cit Purcha	sers							
(Check	"All States" o	r check ind	dividual Sta	ates)			••••••				***************************************		☐ Ail S	States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO	CEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount eady Sold
	Debt	\$0	\$	
	Equity	\$1,000,000	\$	174,500
	☑ Common ☑ Preferred			
	Convertible Securities (including warrants)	\$0	\$	(
	Partnership Interests	<b>\$</b> 0	\$	(
	Other (Specify)		\$	
	Total	\$ 1,000,000	-	174,500
	Answer also in Appendix, Column 3, if filing under ULOE.	1.000,000	Ψ	174,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		٨	naroasta
		Number Investors	Aı	ggregate Dollar nount of urchases
	Accredited Investors	5	\$	147,500
	Non-Accredited Investors	3	\$	27,000
	Total (for filings under Rule 504 only)	8	\$	174,500
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities this offering. Classify securities by type listed in Part C—Question 1.			Dallas
	Type of offering	Type of Security	Am	Dollar ount Sold
	Rule 505	\$	N/A	
	Regulation A	\$	N/A	
	Rule 504	\$	N/A	
	Total		N/A	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		\$	(
	Printing and Engraving Costs	<b>X</b>	\$	2,500
	Legal Fees	X	\$	5,000
	Accounting Fees	×	\$	7,500
	Engineering Fees		\$	(

Sales Commissions (specify finders' fees separately) \$\_\_\_\_\_\_

Other Expenses (identify) \_\_\_\_\_\_ \$\_\_\_\_\_

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	C. OFFERING PRICE, NUMBER OF	INVESTORS, EXPENSES AND USE OF PRO	CEEDS			
	b. Enter the difference between the aggregate offering price givexpenses furnished in response to Part C—Question 4.a.This of			·	\$	985,000
5.	Indicate below the amount of the adjusted gross proceeds to the purposes shown. If the amount for any purpose is not know left of the estimate. The total of the payments listed must equa in response to Part C—Question 4.b above.	wn, furnish an estimate and check the box to th	е			
			to Ó Dire	ments fficers, ectors, filiates		ment to
	Salaries and Fees		¥ \$	80,000	<b>x</b> \$	3,000
	Purchase of real estate		□ \$	0	□ \$_	
	Purchase, rental or leasing and installation of machiner	ry and equipment	<b>×</b> \$	10.000	<b>x</b> \$_	150.000
	Construction or leasing of plant buildings and facilities.		□ \$	0	<b>×</b> \$_	16,000
	Acquisition of other businesses (including the value of used in exchange for the assets or securities of another	•	□ \$	0	□ \$_	
	Repayment of indebtedness		□ \$	0	<b>×</b> \$_	374.000
	Working capital		<b>×</b> \$	352.000	<b>×</b> \$_	
	Other (specify):		□ \$	0	□ \$_	
			□ \$	0	□ \$_	
	Column Totals		<b>×</b> \$	442,000	<b>×</b> \$_	543,000
	Total Payments Listed (column totals added)				<b>×</b> \$_	985,000
Γ	D. FI	EDERAL SIGNATURE		· · · · · · · · · · · · · · · · · · ·		
s	the issuer has duly caused this notice to be signed by the unders ignature constitutes an undertaking by the issuer to furnish to the offermation furnished by the issuer to any non-accredited investor	igned duly authorized person. If this notice is file U.S. Securities and Exchange Commission, u				
_	ssuer (Print or Type)	Signature 1 1 1 2	Date	•		-
	Mental Engineering, Inc.	avelle	Juni	e 5, 2003		
١	lame of Signer (Print or Type)	Title of Signer (Print or Type)				
_5	stephen M. Coleman	Chairman, President and Chief Executive Office	er			

## **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 16 U.S.C. 1001.)

	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrator, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned authorized person.
Iss	uer (Print or Type)  Signature  Date

Title (Print or Type)

Chairman, President and Chief Executive Officer

Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?

No

×

Yes

E. STATE SIGNATURE

### Instruction

Mental Engineering, Inc. Name (Print or Type)

Stephen M. Coleman

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed printed signatures.

				AF	PENDIX				
1	non-acc invest State (F	o sell to credited tors in Part B—	Type of security and aggregate offering price offered in State (Part C—Item1)	4	Type of investor and amount purchased in State (Part C—Item2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E—Item1)	
State	Yes	No		Number of Accredited investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL		х							X
AK		x							X
AZ		х							×
AR		х							×
CA		х							x
со		X							X
СТ		x							X
DE		x							X
DC		x						<u> </u>	х
FL		х			····				x
GA		<u>x</u>							х
н		x							x
ID		x							x
IL	x					1	\$1,000		×
IN		х							x
<u>IA</u>		х							×
KS		х							×
KY		х				ļ			x
LA		х				<u> </u>			х
ME		х							x
MD		х		ļ		<u> </u>			x
MA	<u> </u>	x							×
МІ		х					<u> </u>		x
MN	1	х							x
MS		х		-		-	<u> </u>		x
мо	х			5	\$147,500	2	\$26,000		x

	<u></u>		 AF	PENDIX	<u>,</u>			4
State	Yes	No	Number of Accredited investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
<u>MT</u>		х						X
NE		х						×
NV		х						X
NH		х						X
NJ		х						X
NM	-	х						x
NY		х						Х
NC	· · · · •	x						X
ND		x	 					X
ОН		х	 					x
ок		х						X
OR		x						x
PA		х	 					×
RI		х						x
sc		х	 	. <u></u>	_			x
SD		х						x
TN		х					<u></u>	x
TX		×		·		<u> </u>		x
UŢ		x						Х
VT		x						х
VA		х						х
WA		х						X
wv		х						х
WI		х						х
WY		х						×
PR		х						х